

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center; margin: 10px 0;">FEE TRANSMITTAL</h2> <h3 style="text-align: center; margin: 0;">For FY 2009</h3>		<b>Complete If Known</b> Application Number: 10/566,330-Conf. #5046 Filing Date: September 11, 2006 First Named Inventor: Erwin Knott Examiner Name: V. T. Lam Art Unit: 2629 Attorney Docket No.: H0075.70110US00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT: (\$) 1,810.00	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account    Deposit Account Number: 23/2825    Deposit Account Name: Wolf, Greenfield & Sacks, P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						Small Entity	
Each claim over 20 (including Reissues)						Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)						52	26
Multiple dependent claims						220	110
Total Claims    Extra Claims    Fee (\$)						390	195
- 20 or HP    x    =    Fee Paid (\$)						Multiple Dependent Claims	
HP = highest number of total claims paid for, if greater than 20.						Fee (\$)	Fee Paid (\$)
Indep. Claims    Extra Claims    Fee (\$)							
- 3 or HP    x    =    Fee Paid (\$)							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof			Fee (\$)	Fee Paid (\$)	
_____	_____	/50 = _____ (round up to a whole number) x _____			_____	_____	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)						_____	
Other (e.g., late filing surcharge): 1501 Utility issue fee						1,510.00	
1504 Publication fee for early, voluntary, or normal ...						300.00	

<b>SUBMITTED BY</b>			
Signature: <u>William R. McClellan</u>	Registration No. (Attorney/Agent): 29,409	Telephone: 617.646.8000	Date: May 3, 2011
Name (Print/Type): William R. McClellan			

<b>Certificate of Electronic Filing Under 37 CFR 1.8</b>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: May 3, 2011	Signature: <u>Doris A. Champagne</u> (Doris A. Champagne)